

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 003
Watershed:	17-C	•	Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on December 31, 2019	

		Effluent Parameters																
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Day	Flow pH CBOD5 TSS		Oil	Oil and Grease Total Aluminui			-	Total Iron	М	Total anganese								
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Prepared By:	Signature:	
Title:	Date:	



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SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 007
Watershed:	17-C	•	Renewal application due 180 days prior to expiration	n
Laboratories:			This permit will expire on _ December 31, 2019_	

								E	fflue	nt Parameter	s							
Day		Flow		рН	H CBOD5		тѕѕ		Oil and Grease		Total Aluminum		Total Barium		Total Iron		Total Manganese	
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	ø	mg/L	Q	mg/L	Q	mg/L
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SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

		271121 211 202111 1110		
Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 010
Watershed:	17-C		Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on	

		Effluent Parameters																
Day		Flow		рН		DO		Temperature		CBOD5		TSS		al Dissolved Solids	Oil and Grease		Fecal Coliform	
	Q	MGD	Q	S.U.	Q	mg/L	Q	٩F	Q	mg/L	ø	mg/L	Q	mg/L	Q	mg/L	Q	CFU/100 ml
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I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By:	Signature:
Title:	Date:

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SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 010
Watershed:	17-C		Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on	

		Effluent Parameters															
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Day	Δ	Ammonia	nmonia Total Aluminum Total Iron Total Manganese		Sulfate Chloride				Bromide								
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SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

		271121 211 202111 1110		
Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 021
Watershed:	17-C	,	Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on	

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Day		Flow		рН	CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		M	Total langanese		
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SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

		271121 211 202111 1110		
Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 022
Watershed:	17-C	•	Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on	

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Day		Flow		рН	CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		M	Total langanese		
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SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 023
Watershed:	17-C	,	Renewal application due 180 days prior to expiration	
Laboratories:	_		This permit will expire on	

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Day	Flow			рН		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron	N	Total langanese		
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SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

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Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 024
Watershed:	17-C	•	Renewal application due 180 days prior to expiration	-
Laboratories:			This permit will expire on	
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Day		Flow		рН		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron	M	Total langanese		
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Facility Name:	Sonneborn		Month:	Year:
Municipality:	Fairview Township	County: Butler	NPDES Permit No.: PA0002666	Outfall No.: 025
Watershed:	17-C	•	Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on	

		Effluent Parameters																
Day	Flow			рН		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		Total Manganese		
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Prepared By:	Signature:	
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3800-FM-BPNPSM0435 3/2012 Instructions



INSTRUCTIONS FOR COMPLETING DAILY EFFLUENT MONITORING SUPPLEMENTAL REPORT

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

- 1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
- 2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
- 3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
- 4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
- 5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note for bacteria, calculate and report the geometric mean value.
- 6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.